

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FIGHT FOR TOMORROW

ADDRESS (number and street) 807 BRAZOS STREET  
STE 810  
AUSTIN TX 78701  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00549279

3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MATT L MACKOWIAK

Signature of Treasurer MATT L MACKOWIAK [Electronically Filed] Date [MM] / [DD] / [YYYY] 02 / 01 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FIGHT FOR TOMORROW**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="29.03"/>	<input type="text" value="29.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="90400.35"/>	<input type="text" value="90500.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="90419.38"/>	<input type="text" value="90529.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="88345.46"/>	<input type="text" value="88455.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2073.92"/>	<input type="text" value="2073.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="11831.49"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**FIGHT FOR TOMORROW**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	90000.00	90000.00
(ii) Unitemized .....	150.00	250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	90150.00	90250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	90150.00	90250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	249.00	249.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.35	1.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	90400.35	90500.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90400.35	90500.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	50845.46	50905.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	50845.46	50905.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	37500.00	37550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	88345.46	88455.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88345.46	88455.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	90150.00	90250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90150.00	90250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	50845.46	50905.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	249.00	249.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	50596.46	50656.46

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Report is amended to itemized receipts and disbursements that aggregate over \$200 in a calendar year. Transactions for cancelled checks issued and cancelled within the same reporting period have been removed. As a result the total receipts and disbursements were decreased by \$11789.54. The net change to the total receipts is \$0 and to total disbursements an increase of \$4.35. The total cash on hand as of 12/31/2015 does not change. This amendment also increases the total of itemized receipts and disbursements

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial) <b>A. William Durham</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015
Mailing Address 19200 N Park Rd		<b>Transaction ID : SA11AI.7112</b>
City Shaker Heights	State OH	Zip Code 44122
FEC ID number of contributing federal political committee.	C	
Name of Employer Erico International	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	
		Amount of Each Receipt this Period 10000.00

Full Name (Last, First, Middle Initial) <b>B. Milton Greeson Jr</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2015
Mailing Address PO Box 2509		<b>Transaction ID : SA11AI.7116</b>
City Victoria	State TX	Zip Code 77902
FEC ID number of contributing federal political committee.	C	
Name of Employer Texas Wildlife Association	Occupation Director Emeritus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
		Amount of Each Receipt this Period 2500.00

Full Name (Last, First, Middle Initial) <b>C. Robert Hewitt Jr</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2015
Mailing Address PO Box 400		<b>Transaction ID : SA11AI.7114</b>
City Victoria	State TX	Zip Code 77902
FEC ID number of contributing federal political committee.	C	
Name of Employer O'Connor & Hewitt Foundation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
		Amount of Each Receipt this Period 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

**A. Randy Kenridck**  
Full Name (Last, First, Middle Initial)

Mailing Address 3964 E Paradise View Dr

City Paradise Valley State AZ Zip Code 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : SA11AI.7127**

Amount of Each Receipt this Period  
 10000.00

**B. Bobby McCan**  
Full Name (Last, First, Middle Initial)

Mailing Address 602 W Goodwin Ave

City Victora State TX Zip Code 77901

FEC ID number of contributing federal political committee. **C**

Name of Employer National Cattleman's Beef Association Occupation Former President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : SA11AI.7120**

Amount of Each Receipt this Period  
 2500.00

**C. NCP Finance Limited Partnership**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Sugar Camp Circle

City Dayton State OH Zip Code 45409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.7110**

Amount of Each Receipt this Period  
 10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial) <b>A. Clive Runnels III</b>			Date of Receipt MM / DD / YYYY 08 / 22 / 2015 <b>Transaction ID : SA11AI.7118</b>
Mailing Address PO Box 5097			Amount of Each Receipt this Period 2500.00
City Victoria	State TX	Zip Code 78763	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Richard Uihlein</b>			Date of Receipt MM / DD / YYYY 07 / 18 / 2015 <b>Transaction ID : SA11AI.7121</b>
Mailing Address 1396 N. Waukegan Rd			Amount of Each Receipt this Period 20000.00
City Lake Forest	State IL	Zip Code 60045	
FEC ID number of contributing federal political committee. C			
Name of Employer Uline	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00		

Full Name (Last, First, Middle Initial) <b>C. Richard Uihlein</b>			Date of Receipt MM / DD / YYYY 10 / 19 / 2015 <b>Transaction ID : SA11AI.7108</b>
Mailing Address 1396 N. Waukegan Rd			Amount of Each Receipt this Period 25000.00
City Lake Forest	State IL	Zip Code 60045	
FEC ID number of contributing federal political committee. C			
Name of Employer Uline	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 31  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

**A.** Full Name (Last, First, Middle Initial)  
**M Elizabeth Weiss**

Mailing Address 1304 Hawthorne Ln

City Hinsdale State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : SA11AI.7126**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	90000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial) <b>A. PR Newswire</b>		Date of Receipt
Mailing Address 350 Hudson Street Suite 300		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10014
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA15.7172</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="249.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Partial Refund of 9-24-13 Communication Consulting Fee
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.00"/>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="249.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="249.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 5555 Hilton Ave  
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2015

**Transaction ID : SB21B.7106**

Amount of Each Disbursement this Period

591.75

Full Name (Last, First, Middle Initial)

**B. Baselice and Associates Inc**

Mailing Address 4131 Spicewood Springs Rd Ste. O-2

City Austin State TX Zip Code 78759

Purpose of Disbursement  
Election Survey Research

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

**Transaction ID : SB21B.7133**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Bold Colors Consulting LLC**

Mailing Address 315 Tiger Run Ct Ste. 111

City Carlsbad State CA Zip Code 92010

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2015

**Transaction ID : SB21B.7137**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11591.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)  
**A. Bold Colors Consulting LLC**

Mailing Address 315 Tiger Run Ct Ste. 111

City Carlsbad State CA Zip Code 92010

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : **SB21B.7136**

Amount of Each Disbursement this Period: 1250.00

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Bold Colors Consulting LLC**

Mailing Address 315 Tiger Run Ct Ste. 111

City Carlsbad State CA Zip Code 92010

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21B.7135**

Amount of Each Disbursement this Period: 1750.00

Category/Type

Full Name (Last, First, Middle Initial)  
**C. Gober Hilgers**

Mailing Address 2101 Cedar Springs Rd Ste 1050

City Dallas State TX Zip Code 75201

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 18 / 2015

Transaction ID : **SB21B.7103**

Amount of Each Disbursement this Period: 2500.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

**A. MATT L MACKOWIAK**

Full Name (Last, First, Middle Initial)

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : **SB21B.7161**

Amount of Each Disbursement this Period  
1000.00

Category/Type

**B. MATT L MACKOWIAK**

Full Name (Last, First, Middle Initial)

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : **SB21B.7159**

Amount of Each Disbursement this Period  
2500.00

Category/Type

**C. MATT L MACKOWIAK**

Full Name (Last, First, Middle Initial)

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : **SB21B.7160**

Amount of Each Disbursement this Period  
1500.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB21B.7158**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.7157**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

**Transaction ID : SB21B.7156**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.7155

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : SB21B.7154

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB21B.7153

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : SB21B.7152

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : SB21B.7151

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : SB21B.7150

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : SB21B.7149

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21B.7148

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21B.7147

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : SB21B.7146

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MATT L MACKOWIAK**

Mailing Address 807 BRAZOS STREET  
STE 810

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB21B.7145

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable**

Mailing Address 1708 Colorado Street

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Internet and Phone Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : SB21B.7163

Amount of Each Disbursement this Period

313.65

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3813.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. Vaughn Building**

Mailing Address 807 Brazos St

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Office Space Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2015

Transaction ID : SB21B.7167

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Vaughn Building**

Mailing Address 807 Brazos St

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Office Space Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Transaction ID : SB21B.7166

Amount of Each Disbursement this Period

619.06

Full Name (Last, First, Middle Initial)

**C. Vaughn Building**

Mailing Address 807 Brazos St

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Office Space Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : SB21B.7165

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1819.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. Vaughn Building**

Mailing Address 807 Brazos St

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Office Space Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : SB21B.7164**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

600.00

50824.46

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

### A. Fight for Kentucky

Mailing Address 838 E High St  
Ste 230

City Lexington State KY Zip Code 40502

Purpose of Disbursement  
Non-Federal PAC Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : SB29.7143

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

### B. Fight for Kentucky

Mailing Address 838 E High St  
Ste 230

City Lexington State KY Zip Code 40502

Purpose of Disbursement  
Non-Federal PAC Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB29.7142

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

### C. Fight for Kentucky

Mailing Address 838 E High St  
Ste 230

City Lexington State KY Zip Code 40502

Purpose of Disbursement  
Non-Federal PAC Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : SB29.7141

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. Fight for Kentucky**

Mailing Address 838 E High St  
Ste 230

City Lexington State KY Zip Code 40502

Purpose of Disbursement  
Non-Federal PAC Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : SB29.7140**

Amount of Each Disbursement this Period

27000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

27000.00

37500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="165.00"/>	<b>Transaction ID : SD10.4107</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="165.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	<b>Transaction ID : SD10.6937</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="2722.50"/>	<b>Transaction ID : SD10.6938</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2722.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2887.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 31
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="630.00"/>	<b>Transaction ID : SD10.7016</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="630.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="330.00"/>	<b>Transaction ID : SD10.7017</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="330.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="409.00"/>	<b>Transaction ID : SD10.7018</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="409.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1369.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID : SD10.7061</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="1400.00"/>	<b>Transaction ID : SD10.7020</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1400.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="52.50"/>	<b>Transaction ID : SD10.7021</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="52.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1512.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 31
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period 520.00	<b>Transaction ID : SD10.7069</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 520.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period 1260.00	<b>Transaction ID : SD10.7070</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1260.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period 297.50	<b>Transaction ID : SD10.7086</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 297.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2077.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="857.50"/>	<b>Transaction ID : SD10.7087</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="857.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="547.49"/>	<b>Transaction ID : SD10.7088</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="547.49"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="87.50"/>	<b>Transaction ID : SD10.7089</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="87.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1492.49"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="17.50"/>	<b>Transaction ID : SD10.7091</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="192.50"/>	<b>Transaction ID : SD10.7092</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="192.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.7094</b>	
Amount Incurred This Period <input type="text" value="1565.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1565.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1775.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.7095</b>	
Amount Incurred This Period <input type="text" value="367.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="367.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.7096</b>	
Amount Incurred This Period <input type="text" value="52.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="52.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.7097</b>	
Amount Incurred This Period <input type="text" value="52.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="52.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="472.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7098</b>	
Amount Incurred This Period 175.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 175.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 2101 Cedar Springs Rd Ste 1050	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7099</b>	
Amount Incurred This Period 70.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 70.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	245.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	11831.49
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	11831.49